Lt. Governor's Office

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AUTHENTICATION DOCUMENT REQUEST FORM

WALK-IN SERVICE BY APPOINTMENT ONLY

Date received	□am □ Time received	Quantity of Documents	Country Documents will be used in
Name			Daytime Telephone Number(s) with area co
Address			City/State/Zip Code
ent Amount \$eck (made payab	le to "State of Utah")/	☐ Money Order/ ☐ Cash/ ☐ C	Credit Card (Visa or MasterCard)
ailing only		□ Please use	ail documents to me by regular mail e envelope provided tify me for pick-up
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A OR MASTERCARE	CARD CODE	EXPIRATION NAME AS APPEARS	
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